SUMMARY

I. For personal healing process, where, unearthing a personal sense of truth helps dismantle the false narratives and belief systems a part of her body/mind on a personal level, family level, and societal level are dismantled through analytical analysis, and somatically being present with what arises, including processing PTSD flashbacks safely using 30 years of lived experiencing in processing an ACE score of 8, to move towards harmony.

PATTERN OF COERCIVE CONTROL

The relationship demonstrates the following pattern consistent with established coercive control frameworks:

1. Cultivation Phase

The reporting party:

- Gained long-term knowledge of the author's personal history, trauma, cultural identity, and professional work
- Participated in and observed key aspects of the author's development and healing practices

2. Targeting Phase

Following this period, the reporting party:

- Undermined and attacked the same sources of identity and stability
- Reframed core aspects of the author's life purpose as pathological or invalid

3. Institutionalization Phase

The reporting party's narrative became embedded in institutional systems, including:

- Emergency response (911 call)
- Law enforcement documentation
- Psychiatric/medical intake records
- Court proceedings

These records were created without consultation with the author's existing providers.

The Attempted Destruction of a Sacred Purpose:

A Coercive Control Analysis

This document analyzes the 33-year relationship and 2019 incident through the framework of coercive control scholarship — principally the work of Evan Stark (Coercive Control: The Entrapment of Women in Personal Life, 2007) and Judith Herman (Trauma and Recovery, 1992) — with additional reference to indigenous rights frameworks and medical ethics. The author's own words appear in quotation as anchors for each section of analysis.

I. Identity Siege: The Targeting of Sacred Purpose

The Clinical Framework

Evan Stark's foundational contribution to coercive control theory is the distinction between discrete incidents of violence and the sustained deprivation of liberty that characterizes coercive control. The primary target is not the body. It is the self — the target's identity, autonomy, sources of power, and capacity for self-determination.

In this case, the identity being targeted was specific and coherent: a mixed-heritage Hawaiian-Slovenian woman whose life work flowed from a near-death experience in which elders commissioned her to do healing and peace work for the planet — through the heart, through the hands. This commission expressed itself through lāʻau lapaʻau (Hawaiian plant medicine), through the zeliščarica herb-knowing tradition of her Slovenian Plesnik lineage, through the arts as medicine, and through the international peace-building network of the Future Traditions Foundation and SonneBlauma Danscz Theatre.

In Hawaiian cosmology, this is kuleana — the sacred right and responsibility that belongs to a specific person by virtue of who they are and where they come from. It cannot be transferred. When it is attacked, something irreplaceable is targeted.

What was attacked was not a behavior, a hobby, or even an identity in the conventional sense. It was the author's reason for being on the planet — the work the heavens and earth had laid out. This is what makes this case distinct from standard coercive control presentations, and what requires specific clinical attention.

> *"It feels like the most insidious type of harming, because it goes to the very root of why someone is on the planet in alignment with sacred purpose. It attacks one's very reason for being — why you perceive you are here on the planet, and what the heavens and earth have for you as your life work."*
>
> *— ʻIolani Puʻu Kolenc, March 26, 2026*

II. The Cultivation Phase: Mapping Before Targeting

The Clinical Framework

Coercive control scholars document a pattern in long-term predatory relationships in which the controller does not immediately attack the target's sources of power. Instead, he first cultivates them — nurturing the target's growth, witnessing her vulnerabilities, mapping her most sacred connections — before using precisely what he witnessed to destroy.

This pattern is documented across the 33-year relationship in specific, verifiable detail:

- He witnessed her first dance — an homage to disappeared indigenous people of Tsankawi, New Mexico, a film that won a cinematic Golden Eagle award. He knew from the beginning what her work was made of.
- He knew the Pu‘u lineage. He knew the stories of her Hawaiian heritage.
- He took her to French Polynesia twice, where he heard her conversations with indigenous people as she searched for the truth of her father's stories.
- He insisted on seven trips to Kauai. He sat beside her grief. He heard the conversations with Scotty. He witnessed the pain of being in the islands in a way that was not yet healing.
- He witnessed her reliving the near-death experience flashback — the moment the elders showed her the sweetness and indestructibility of the human soul — and stopped her in the middle of it.
- He inserted himself into the Future Traditions Foundation and attempted to install hierarchy into an organization built explicitly on horizontal, consensus-based governance.

He cultivated the garden. Then he poisoned the roots. You cannot target what you do not know. He knew everything.

> *“He nurtured these things... He nurtured this. Then he destroyed it — attacked it, made it a crime in the system. And it still exists as a crime in the system.”*
>
> *— ‘Iolani Pu‘u Kolenc*

III. Reality Replacement: The Institutional Erasure of an Indigenous Identity

The Clinical Framework

Stark distinguishes gaslighting — making a person doubt their own perceptions — from reality replacement: the substitution of the abuser's entire epistemological framework for the target's way of knowing, using institutional systems to make his version the official record. The target does not need to be convinced permanently. The institutions only need to be convinced once.

In this case, reality replacement operated on three simultaneous levels:

Clinical reality replacement: The reporting party characterized her herbal healing protocol as delusion — telling PHF staff she believed she had diseases she did not have.

This framing preceded her into the clinical environment and materially affected the response to her medical reports while in custody. Her treating psychiatrist documented the event as a medical crisis, not a psychiatric one. That clinical reality was overridden by his narrative.

Cultural reality replacement: Her identity as a person of Hawaiian creole and Slovenian diaspora heritage — the specific identity from which her healing practice derived its legitimacy and lineage — was replaced in the official record with the designation Hispanic. This was not a clerical error. It severed the documented connection between who she was and what she practiced. It ties into harm by proxy. In custody there was an assault that was reported anonymously, there was an attempted asphyxiation, and the racial epithets shouted at her body included, “you are a fking spic” followed by death wishes/threats, “you shouldn’t be alive” “I will destroy you” is what was embedded in her consciousness. By proxy the individual labelled her Hispanic, knowing full well, from the onset of the relationship, her cultural identity writing a gaslighting story that her identity is Hispanic, not the rich Hawaiian Creole and the Slovenian farmlands and magical valley.

Medical reality replacement: Her physician-supervised, PRN use of cannabis for PTSD — overseen by Dr. Lee Mendiola and the Claudia Jensen Center — was entered into the official record as cannabis use disorder. The prescribing physician was not consulted. The cultural context was not reviewed. His narrative was the record.

The 2019 PHF chart is the document that performs this replacement. It was built on one man's narrative, without consultation with Dr. Lee Mendiola (cannabis), Dr. Kelli Miller (herbal protocol), or Dr. Zauner (neurosurgeon who reviewed and engaged with the herbal protocol, accepting Japanese knotweed in place of daily aspirin for her aneurysm repair). Four providers. Zero consultations.

In her orbit, she didn’t speak about it openly, but harnessed the arts as a healing modality with intention, to heal her body, bring healing to family, to bring ease to the world. A form of ho’oponopono when the original format of this harmony cultivating modality had been extinguished and inaccessible. It was natural, to attempt to bring harmony into one’s own body, and to family, and community, because it was epigenetically in there, and activated by the Ace score of 8.

Others call it, a medicine kanaka, a shaman, a la’au lapa’au, a kāula-seer even.

> *“He attacked my life purpose. He tried to overpower this connection to divinity. It would be like someone trying to kill Jesus inside of a Christian. Mohammed inside of a Muslim. Buddha inside of a Buddhist. My spiritual center.”*
>
> *— ʻIolani Puʻu Kolenc*

IV. Institutional Weaponization: Using Systems as Proxies

The Clinical Framework

Stark documents what he calls the colonization of institutional life — the use of medical, legal, and psychiatric systems as proxies for the abuser's control. The abuser does not need to be present in every room. Once the institutional record is established, it does the work.

In this case, the following systems were weaponized:

- The 911 call — initiated at the moment of her medical crisis (urosepsis producing delirium), framing a medical emergency as a psychiatric and criminal event.
- The police report — built entirely on his narrative, with no interview of the subject, who was unable to communicate.
- The PHF chart — entered cannabis use disorder and delusional re: illness without consultation with any of her existing providers.
- The court proceeding — he stood before the mental health judge and demanded no cannabis on the order, removing her access to physician-supervised medicine through legal coercion.
- The criminal record — three inaccurate designations now exist in her official record: an unsupported domestic violence enhancement, an incorrect ethnicity designation, and a misclassified diversion designation contradicted by the attending physician's documented medical finding.
- The mental health diversion program — pursued by her attorney as the most legally efficient path, over the attending psychiatrist's explicit documentation that this was a medical crisis, not a psychiatric one.

The reporting party stated before the judge that he and the author merely shared a last name and were not married — despite having presented himself as her partner to gain access to clinical information and shape the narrative of her care. He then stepped back and allowed the system to do the work. He did not need to press charges. The system pressed them for him. It is hard actually to determine, if he presented himself as “husband” or they assumed it because of the same last name and they lived together. At any rate, he didn‘t correct them, he let what he already knew do the work. He had asked his doctor R. if he were in crisis if the author would be able to make decisions for him and his answer was yes, this was most likely, given we lived together and the same last name. He was gathering intelligence, to wage war against my body all the while standing behind the glamour of his own father, who had elected into office through his speech writing skills, who would later go on to bomb Hiroshima, and framing it, as, it saved lives. After this, it would be a stint with a foundation that waged peace against nuclear arms. Day to day, the author was able to correct versions of events to her own reality, but when incapacitated, the aggressor could step in, and place his lies within the blank places that occur when someone has a delirium that goes in and out of consciousness. When out of consciousness, the lie embeds and others are used, to help him. He draws agents into his war with he the master manipulator of not only his parasite, but society, and what a thrill that must be, to know, a combination of consciously, and perhaps unconsciously, because the author truly does not know, the seeds to plant in the collective about this petite woman who dares to dream big, and passed back and forth with NDE as a child she wonders why she didn‘t get a frequent flyer pass.

> *"He went for the jugular. He knew exactly where it was. He had spent 33 years finding it."*
>
> — *ʻIolani Puʻu Kolenc*

V. Substance Use Coercion: The Removal of the Medicine That Allowed Her to See

The Clinical Framework

Substance use coercion is a documented tactic in the coercive control literature in which an abuser controls, stigmatizes, and weaponizes a partner's substance use — including through legal systems. The research on cannabis and PTSD documents specific mechanisms relevant to this case:

- THC activates CB1 receptors concentrated in the basolateral amygdala, reducing amygdala hyperreactivity to threat stimuli — the neurological basis of the hypervigilance that coercive control depends on. (Phan et al., 2008, Neuropsychopharmacology: https://pmc.ncbi.nlm.nih.gov/articles/PMC2657360/)
- Cannabis supports meta-cognition — the capacity to observe one's own patterns from a distance — which in a coercive control context means the capacity to observe the controller's behavior objectively rather than through the lens of the trauma bond.
- Cannabis-assisted psychotherapy for dissociative PTSD produced a 98.5% reduction in pathological dissociation in peer-reviewed case study. (Frontiers in Psychiatry, 2023: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2023.1051542/full)
- Cannabis use does not hinder trauma-focused therapy — users and non-users achieved equivalent clinically significant improvements. (Rutgers/UC San Diego, 2024: https://www.rutgers.edu/news/upending-conventional-wisdom-cannabis-use-doesnt-hinder-ptsd-therapy)

He demanded the court remove her access to this medicine. He had no clinical authority. The medicine that was most effectively reducing her hypervigilance, supporting her meta-cognition, and restoring her capacity to see the pattern clearly — he used a legal system to take it away. The cannabis use disorder designation then entered that removal into the permanent record as evidence of pathology.

This is substance use coercion in its most precise form: the removal of the medicine that allowed her to see him.

The prompt to consider cannabis came from the inner fields of inner knowing connected to ancestral wisdom, the wisdom that runs through the cosmos itself.

It had prompted, research cannabis in relation to PTSD, and there it was, it could help with the symptoms and he then affirmed through the psychiatrist, who then referred her out to the CJ center, to meet with a doctor, and then work with this plant medicine.

It was not an herb to tend in the mountains when he worked his friends foundation, to then be sold on, for recreation, it was a medicine.

It was not an herb to then start one‘s own plantation in the mountains and sell it on for the amusement of movie stars, it is a medicine.

The author, working in the capacity of setting the intention to heal, and seeking ways to heal through a shamanic path of direct revelation partnering with logic, and researching science, developed her own unique modality.

Plant medicine was a part of the protocol when health was failing.

Plant medicine was a part of managing symptoms of PTSD that were multi-layered, not only symptoms from kidhood, but ancestors, and the relationship itself.

It brought healing dreams, it brought insight, and it brought protection from the abuse of someone whose being was an elixir of dark traits, mining her own light, and using her life force to channel through him to present a glamour, and illusion, that he was a kind and generous person.

No, he used her work, such as when it came time to pay the dancers when we evolved to affording honorarium. She did the work, the administrative work, the bulk of it all as evidenced by a review of the financials, the minutes, the correspondence, and he in his lofty manner would hand the checks to the dancer.

Or, attempt to shove her aside when it came time to talk to the press, and the author fought back because he knew absolutely nothing about the event, so how could he strategically frame it. He would frame it around himself, when it was about community building, peacemaking.

While he waged war, she was trying to manifest new modalities within a break down, let her recover, break her down again, let her recover type of cycle.

The first lie implanted in her psyche that he was her knight in shining armour, he was her saviour, he took her in and cared for her, he helped her out when the flashbacks first started coming, he proposed to her to put her out of her evangelical christianty detox when she thought her lifestyle with him was creating a destiny for hell.

The lies about all of it.

VI. Epistemic Violence: The Pathologization of an Indigenous Healing Lineage

The Clinical and Legal Framework

What scholars of decolonial health call epistemic violence names the specific harm done when a Western institutional system pathologizes an indigenous way of knowing — treating it as inferior, irrational, or symptomatic rather than as legitimate knowledge.

The author is a person of Hawaiian creole and Slovenian diaspora heritage whose healing practice is rooted in two living ancestral traditions: lāʻau lapaʻau in the Hawaiian tradition, and the zeliščarica herb-knowing tradition (which she has only recently begun to be aware of) of her Slovenian Plesnik lineage from Logarska Dolina. She does not claim the title of healer — in both traditions, the title is given by community, not claimed by the practitioner. To claim it would not be pono. She simply does the work.

On February 10, 2026, Hawaiʻi Volcanoes National Park issued her a pass under AIRFA — the American Indian Religious Freedom Act — recognizing her as a Traditional Hawaiian Cultural Practitioner. A federal agency recognized, in 2026, what the 2019 PHF chart erased.

The United Nations Declaration on the Rights of Indigenous Peoples, Article 24, states: indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants. The coerced court order of 2019 violated this right — imposed through the apparatus of a legal system that, under Dr. Keanu Sai's peer-reviewed scholarship on Hawaiian Kingdom sovereignty (Oxford University Press, 2024), operates as an occupying state over Hawaiian territory.

To call her use of plant medicine a disorder is to call her existence as an indigenous medicine practitioner a disorder. It does not pathologize a behavior. It pathologizes a lineage. An identity. A kuleana.

The truth is, he was the one who “got busted” at the private middle/high school in Hope Ranch with a best friend turning him in, and then transferred to a first in his lifetime, a public high school to finish that. Cannabis wasnʻt being used for medicine, but something else which became a part of the culture of dropping acid, free sex, and lots of women.

The truth is, it became his vocation, the cannabis industry, to support his artistic predator lifestyle. It wasnʻt for medicine, it was for altering states for other reasons, out of protocol, out of healing purpose.

The authorʻs use was strictly medicine.

Rather than use a cocktail of pharmaceuticals that hurt her body she had weaned off them all, and replaced it with holistic practices, and other modalities: emdr, eft, nature practices, somatic experiencing, meditation/mindfulness, shamanic studies, group support systems, travels to reconnect with ancestors, intentions refreshing.

Plant medicine was a part of her protocol, and to attack this is a form of malicioius intent to destroy the epicenter of a deep knowing of oneʻs purpose.

He knew this purpose, he studied it.

The author has a distinct memory of a book on Machiavellian on the kitchen table and asked him about it. She glanced through it and shuddered, why would anyone want to read this.

Now she knows.

His life work was to attempt to annihilate in predatory patterns, with the author being the third dancer he harmed.

VII. The Lethality Escalation: What the Calm Phase Was Building Toward

The Clinical Framework

The coercive control and intimate partner violence literature — Stark, Herman, Lundy Bancroft — documents the lethality consolidation pattern: a period of apparent calm following a major incident during which the control infrastructure is quietly secured, the target's resources further depleted, and the conditions for the next — potentially final — incident prepared.

By 2021, the following infrastructure was in place:

- An official record characterizing her as having cannabis use disorder, domestic violence history, and a completed mental health diversion — priming any future institutional contact toward a specific reading of any subsequent crisis.
- Financial assets in the reporting party's name, including investments and a Slovenian life insurance policy naming him as sole beneficiary (which the author is still in the process of changing)
- Housing dependency — she was living on his property with no independent lease. He could kick her out any time, and while she was in crisis, at Crestwood Crisis Residential facility, there exists an entry, that he did, he gave her notice to leave when she had no place to leave to.
- No active professional infrastructure — the Foundation, the dance company, the international network had been dismantled.
- A Slovenian tutor whose relationship the reporting party characterized as language study and friendship, while her body communicated otherwise — a somatic signal consistent with the hypervigilance trained by years of coercive control. The would laugh together, and she would stop by and wave hello to this woman on the computer. It was a part of the renegotiating of relationship. Each time there was a cycle, there was a new negotiation. In 2001, she had to give back money that was hers to put in a shared account she would pay taxes for to fund HIS vacations taking her along with HIM deciding how HER money should be used. At this time, as a part of this restructuring, she had to sign a document where 10% of the house in her name, was signed over fully to him. The wedding ceremony, upon re-entry, was moot, they were not remarried, and the name he helped her with her legal name change became all her idea, he had nothing to do

with it. She moved back in and away from safety living with one of her best friends and co-founder of the Foundation. 35% of her income would go toward household rent, and on top of that, 50% of car insurance, maintenance, and gas, with him wanting to initially maintain two cars when she thought only one was necessary. His food was his food, her food was her food, and while he had liberty to take from her food stash, she was conditioned she had to ask first, and it created food insecurity. In 2019, the renegotiation was a mental health diversion program, no alcohol, no plant medicine, he overruled the two doctors signing off on use of plant medicine. She had to accept that he wanted female friends. There was a reprieve from paying rent until the disability came in, and then, 35% of the disability income.

- Planning for an international trip to Sardinia — at the moment when her financial and housing dependency was established, her professional network dismantled, and her official record primed.

When she brought her case files to her doctor, and she began to read some of what was written, he stated: he lied — that was the clinical confirmation of what the lethality framework had already documented. There also exists the possibility that the police misrecorded it, or they fabricated a lie, but the entire thing never got before the courts. It was swiftly moved into a mental health diversion program while the author feebly said, but it was a delirium, isn't there any recourse this way? She was deterred from going this route and was too sick and overwhelmed to do anything but let go, go with the flow, and trust the process.

The next incident was being prepared. She got out before it arrived. She stepped out of his play. There was a very intense forboding in the spring, something was building, and it began with taking care of the dog Thunder. The cycles of control began to intensify.

> *"I saw in a vision, myself in jail, permanently, or something. I told my doctor, death — the next step would have been death. He said, yes, I could see that."*
>
> *— 'Iolani Pu'u Kolenc*

VIII. Summary: What This Case Requires Clinically

This case presents a specific clinical picture that standard coercive control frameworks only partially capture. The additional dimensions that require clinical attention are:

- The targeting of sacred purpose — kuleana — as the primary site of attack, requiring clinical recognition of the spiritual and cultural dimensions of the harm alongside the psychological ones.
- The cultivation-before-destruction pattern — 33 years of witnessed intimacy used as a map for targeted destruction, requiring longitudinal understanding of the relationship arc.
- The international scope of the outer work destroyed — a functioning peace-building network spanning Turkey, Israel, Slovenia, Austria, and the United States, dismantled as part of the control pattern.

- The indigenous identity dimension — the intersection of coercive control and colonial epistemic violence, in which the abuser's pathologizing narrative was received by institutions already structured to privilege Western medical epistemology over indigenous healing knowledge.
- The lethality trajectory — the conditions for a final, potentially fatal incident were being prepared at the time of exit. The exit was not premature. It was survival.

The official record as it stands — cannabis use disorder, delusional, Hispanic, domestic violence enhancement — is not a clinical document. It is the reporting party's narrative, institutionalized. The counter-record is this archive.

He went for the jugular.
He knew exactly where it was.
He did not succeed.

ʻIolani Puʻu Kolenc
For Dr. S.D.— sole witness
Lived Experience University — Internet Archive
Santa Barbara, California · March 26, 2026